

MULTIPLE DEPENDENT CLAIMS FEE CALCULATION SHEET (FOR USE WITH FORM PTO-870)						EFFECTIVE NO. <i>10/01/2004</i>		FILING DATE	
						CLAIMS			
AS FILED		AFTER DECLARATIONS INCHARGED		AFTER DECLARATIONS INCHARGED					
INN.	OCP.	INN.	OCP.	INN.	OCP.	INN.	OCP.	INN.	OCP.
1		1				61			
2						62			
3						63			
4						64			
5						65			
6						66			
7						67			
8						68			
9						69			
10		1				70			
11		1				71			
12		1				72			
13		1				73			
14						74			
15						75			
16						76			
17						77			
18						78			
19						79			
20						80			
21						81			
22						82			
23		1				83			
24		1				84			
25		1				85			
26		1				86			
27						87			
28						88			
29						89			
30						90			
31						91			
32						92			
33						93			
34						94			
35						95			
36						96			
37						97			
38						98			
39						99			
40						100			
41						TOTAL INN.			
42						TOTAL OCP.			
43						TOTAL INN.			
44						TOTAL OCP.			
45						TOTAL INN.			
46						TOTAL OCP.			
47						TOTAL INN.			
48						TOTAL OCP.			
49						TOTAL INN.			
50						TOTAL OCP.			
51						TOTAL INN.			
52						TOTAL OCP.			
53						TOTAL INN.			
54						TOTAL OCP.			
55						TOTAL INN.			
56						TOTAL OCP.			
57						TOTAL INN.			
58						TOTAL OCP.			
59						TOTAL INN.			
60						TOTAL OCP.			